

3/31/22
5/11/22

**PUTNAM COUNTY DEPARTMENT OF HEALTH
DIVISION OF ENVIRONMENTAL HEALTH SERVICES**

CONSTRUCTION PERMIT FOR SEWAGE TREATMENT SYSTEM

PERMIT # PH-03-22
Located at 825 ROUTE 90, GARRISON Town or Village PHILIPSTOWN
Subdivision name PARCEL A1 OF GREENGLYFFE Subd. Lot # 1 Tax Map 71 Block 1 Lot 13-111
Date Subdivision Approved NOV 22, 2013 Renewal _____ Revision _____
Owner/Applicant Name JOHN SARLON Date of Previous Approval _____
Mailing Address 529 WEST 42ND STREET - APT 6GT NEW YORK, NY Zip 10036
Amount of Fee Enclosed \$500.00
Building Type RES. Lot Area 20x No. of Bedrooms 4 Design Flow GPD 600

**Fill Section Only _____ Depth _____ Volume _____
PCHD NOTIFICATION IS REQUIRED WHEN FILL IS COMPLETED**

Separate Sewerage System to consist of 1,000 gallon septic tank and 300 LF
OF 24" WIDE ABSORPTION TRENCHES SPACED 6' ON-CENTER

Other Requirements: 1,000 GALLON SEPTIC TANK FOR ALL STRUCTURE SEWER WITH FOR CABANA

To be constructed by T.B.O. Address _____

Water Supply: Public Supply From _____ Address _____

or: Private Supply Drilled by T.B.O. Address _____

I represent that I am wholly and completely responsible for the design and location of the proposed system(s) and that the separate sewage treatment system described above will be constructed as shown on the approved amendment thereto and in accordance with the standards, rules and regulations of the Putnam County Department of Health, and that on completion thereof a "Certificate of Construction Compliance" satisfactory to the Public Health Director will be submitted to the Department, and a written guarantee will be furnished the owner, his successors, heirs or assigns by the builder, that said builder will place in good operating condition any part of said sewage treatment system during the period of two (2) years immediately following the date of the issuance of the approval of the Certificate of Construction Compliance of the original system or any repairs thereto.

Signed: Margaret M. Yarus P.E. R.A. _____ Date 02/28/22
Address BOBEY-WATSON, DR COLD SPRING, NY License # 103021

APPROVED FOR CONSTRUCTION: This approval expires two years from the date issued unless construction of the sewage treatment system has been completed and inspected by the PCHD and is revocable for cause or may be amended or modified when considered necessary by the Public Health Director. Any revision or alteration of the approved plan requires a new permit. Approved for discharge of domestic sanitary sewage only.

By: Sylvia H Title: APHE Date: 3/11/2022